



**LAW ENFORCEMENT AND VICTIM SERVICES DIVISION  
GOVERNOR'S OFFICE OF EMERGENCY SERVICES**

3650 SCHRIEVER AVENUE  
MATHER, CALIFORNIA 95655  
(916) 324-9100  
FAX: 327-5674



September 15, 2005

To: PROJECT DIRECTORS  
Elder Abuse Advocacy and Outreach Program

Subject: REQUEST FOR APPLICATION (RFA)

The Governor's Office of Emergency Services (OES), Criminal Justice Programs Division is pleased to announce the release of the Elder Abuse Advocacy and Outreach (EA) Program Request for Application (RFA) for Fiscal Year (FY) 2005/06. This will be the **final** year of the multi-year funding cycle resulting from your successful proposal, submitted during the last Elder Abuse Advocacy and Outreach Program's Request for Proposals process.

The grant period begins on October 1, 2005 and ends on September 30, 2006. Please note that continuation funding is contingent upon satisfactory project performance, and subject to the availability of federal Victim of Crime Act (VOCA) funds.

There is approximately \$1,611,720 available for this program in FY2005/06. Only the sixteen (16) EA projects funded in FY 2004/05 are eligible to apply for continuation funding through this RFA. See the funding table in the RFA for your agency's funding level.

The Elder Abuse Advocacy and Outreach Program RFA is attached to this e-mail and a printed copy has been mailed to your agency.

To be considered for continuation funding, it is necessary to complete the grant application and submit it to OES by the deadline of Friday, October 14, 2005. Mailing and delivery instructions are included in the RFA.

If you have any questions regarding this RFA, please contact Sally Hencken at (916) 322-0217 or via e-mail at [Sally.Hencken@oes.ca.gov](mailto:Sally.Hencken@oes.ca.gov).

Sincerely,

MARIAELENA RUBICK, Chief  
Victim/Witness Section

Attachment

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
LAW ENFORCEMENT AND VICTIM SERVICES DIVISION**

**ELDER ABUSE ADVOCACY AND OUTREACH PROGRAM  
REQUEST FOR APPLICATION**



**SEPTEMBER 2005**

**GOVERNOR’S OFFICE OF EMERGENCY SERVICES  
LAW ENFORCEMENT AND VICTIM SERVICES DIVISION**

**ELDER ABUSE ADVOCACY AND OUTREACH PROGRAM  
REQUEST FOR APPLICATION**

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**GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
LAW ENFORCEMENT AND VICTIM SERVICES DIVISION**

**ELDER ABUSE ADVOCACY AND OUTREACH PROGRAM  
REQUEST FOR APPLICATION**

**PART I – INFORMATION**

**A. INTRODUCTION**

This Request for Application (RFA) provides all of the information and forms necessary to prepare an application for the Governor's Office of Emergency Services (OES) grant funds. The terms and conditions described in this RFA supersede all previous RFAs and any conflicting provisions stated in the *2004 Recipient Handbook*. The *2004 Recipient Handbook* provides helpful information for developing the application and can be accessed at the website [www.oes.ca.gov](http://www.oes.ca.gov) by selecting "Plans and Publications, *2004 Recipient Handbook*".

**B. CONTACT INFORMATION**

Sally Hencken, Criminal Justice Specialist  
Victim/Witness Section  
Tel: (916) 322-0217  
Fax: (916) 327-5674  
[Sally.Hencken@oes.ca.gov](mailto:Sally.Hencken@oes.ca.gov)

Questions concerning this RFA, the application process, or programmatic issues should be submitted to the above contact person by telephone, fax or e-mail.

**C. APPLICATION DUE DATE AND SUBMISSION OPTIONS**

**One original and one copy** of the application must be delivered to OES' Law Enforcement and Victim Services Division by the date and time indicated below. Submission options are:

1. Regular mail, **postmarked by Friday, October 14, 2005**, to:

Governor's Office of Emergency Services  
Law Enforcement and Victim Services Division  
3650 Schriever Avenue  
Mather, CA 95655  
Attn: ELDER ABUSE ADVOCACY AND OUTREACH PROGRAM RFA – Victim/Witness Section

2. Overnight mail, **postmarked by Friday, October 14, 2005**, to:

Governor's Office of Emergency Services  
Law Enforcement and Victim Services Division  
3650 Schriever Avenue  
Mather, CA 95655  
Attn: ELDER ABUSE ADVOCACY AND OUTREACH PROGRAM RFA – Victim/Witness Section

3. Hand delivered by **5:00 p.m. on Friday, October 14, 2005** to:

Governor's Office of Emergency Services  
Law Enforcement and Victim Services Division  
1130 K Street, Suite 300  
Sacramento, CA 95814  
Attn: ELDER ABUSE ADVOCACY AND OUTREACH PROGRAM RFA – Victim/Witness  
Section

**NOTE: OES' Law Enforcement and Victim Services Division is located on the 3<sup>rd</sup> floor of the Bank of America Building, at the corner of 12<sup>th</sup> and K Streets. Street parking is limited and metered. Parking garages are located on the east side of 12<sup>th</sup> Street between K and L Streets, and on the east side of 10<sup>th</sup> Street between K and L Streets. The application will be date and time stamped and a receipt will be provided upon request.**

**D. ELIGIBILITY**

Eligibility is restricted to grantees funded through the 1998/99 Elder Abuse Advocacy and Outreach Program's (EEAOP) Request for Proposals (RFP). This will be the final year of the multi-year funding cycle resulting from your successful proposal, submitted during the last EEAOP's RFP process.

**E. FUNDS**

**SOURCE OF FUNDS**

The source of funds for the EA Program is federal Victims of Crime Act (VOCA) funds. VOCA was passed in 1984 to improve our nation's response to victims of crime. Administered by the Office of Emergency Services, Law Enforcement and Victim Services Division, the VOCA funds are allocated to local providers of victims' services to funds a multitude of service-related opportunities for community-based organizations and criminal justice agencies.

As a result, this specific program was crafted so that local communities will form a collaborative group of agencies that will help to identify abuse victims and establish a planned, coordinated outreach program; provide direct victim advocacy; and encourage the reporting of abuse of elder citizens. The advocacy position funded through the EEAOP project will take the lead role in serving victims; coordinate the reporting process of local agencies providing services or coming in contact with seniors; and provide outreach to elder crime victims.

**FUNDING CYCLE AND DURATION**

As noted in the original RFP for the Elder Abuse Advocacy and Outreach Program, an application must be submitted for continuation funding for the subsequent years. Continuation of funding is contingent upon satisfactory program performance and subject to the availability of funds. The grant period is October 1, 2005 to September 30, 2006.

There is approximately \$1,611,720 available for the EEAOP program. Only the sixteen (16) EA projects funded in FY 2004/05 are eligible to apply for continuation funding through this RFA. See the funding table on the next page for your agency's FY2005/06 funding level for your EEAOP grant.

<b>ELDER ABUSE ADVOCACY AND OUTREACH PROGRAM FY 2005/06 Funding Chart</b>			
<b>County</b>	<b>VOCA Funds</b>	<b>VOCA Match</b>	<b>Total Funds</b>
City of Pasadena	90,000	22,500	112,500
County of Alameda	140,000	35,000	175,000
County of El Dorado	90,000	22,500	112,500
County of Fresno	100,388	25,097	125,485
County of Los Angeles	180,000	45,000	225,000
County of Nevada	90,000	22,500	112,500
County of Sacramento	65,851	16,463	82,314
County of San Bernardino	140,000	35,000	175,000
County of San Diego	140,000	35,000	175,000
County of San Joaquin	110,000	27,500	137,500
County of San Luis Obispo	105,000	26,250	131,250
County of Santa Barbara	63,680	15,920	79,600
County of Stanislaus	86,533	21,633	108,166
County of Tulare	64,000	16,000	80,000
County of Ventura	110,000	27,500	137,500
County of Yuba	36,268	9,067	45,335

**Match Requirement:** A match of cash and/or in-kind contributions derived from other resources is a requirement. The match required is twenty percent (20%) and must be calculated on the total project cost. Funds designated as match are restricted to the same uses as VOCA funds.

**Federal monies must not be used to meet the match requirement.**

#### **F. PROGRAM INFORMATION**

The primary goal of the Elder Abuse Advocacy and Outreach Program (EA) is to enhance the safety of elder and dependent adults in California by establishing funded victim advocacy positions under the administrative authority of a criminal justice agency (i.e., police or sheriff's departments, district attorneys offices, or probation departments) to provide services to elder victims of crime, coordinate direct services in an enhanced response to allegations of elder abuse among locally involved agencies and implement an outreach awareness program for reporters of elder abuse and criminal justice personnel, senior citizens and the public.

For detailed program purpose, objectives, activities, and service standards, refer to the original RFP.

#### **G. PREPARING AN APPLICATION**

For clarity, the forms in Part III include an Application Cover Sheet. Please complete the Application Cover Sheet and attach it to the front of the application.

The following six components are required for a complete application:

- Application Cover Sheet,
- Grant Award Face Sheet (Form A301),
- Certificate of Assurance of Compliance,

- The Project Narrative,
- The Budget Narrative and Project Budget (Forms A303a-c), and
- The Application Appendix.



**GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
LAW ENFORCEMENT AND VICTIM SERVICES DIVISION**

**ELDER ABUSE ADVOCACY AND OUTREACH PROGRAM  
REQUEST FOR APPLICATION**

**PART II – INSTRUCTIONS**

The instructions in this section correspond to each of the application components, as well as to the forms provided in Part III.

The applicant must use the forms provided or computer-generated forms, and plain 8½ x 11" white paper for the project narrative sections. If computer-generated forms are used, they must duplicate the OES forms.

Application must be typed with characters no smaller than standard 12-pitch font. **The applicant must double-space all narrative sections of the application.**

Copies of the application must be assembled separately and individually fastened in the upper left corner. **Do not bind application.**

**A. PROJECT NARRATIVE**

The project narrative is the main body of information describing the problem to be addressed, the plan to address that problem through appropriate and achievable objectives and activities, and the ability of the applicant to implement the plan.

**1. Problem Statement**

The problem statement was identified in the first year of funding. Unless additional issues need to be addressed, the problem statement can be summarized in a paragraph. If necessary, provide updates of the target area, target population and/or crime statistics. (Maximum 2 pages)

**2. Plan and Implementation**

**Plan:** The program plan was presented in the first year of funding. Unless updates are required, applicants may summarize the goals and activities from last year's plan. Applicants must provide objectives for the upcoming fiscal year.

**Implementation:** Summarize the project's ability to implement the plan. Provide updated operational agreements. At a minimum, operational agreements shall be made with:

- The Victim/Witness Assistance Center
  - Law enforcement;
  - Probation;
  - Victim service agencies;
  - Senior Ombudsman;
  - Adult Protective Services;
  - Conservator/Guardian's office;
  - Medical/health care agencies;
  - Mental Health;

- Social service agencies; and
- Other senior services agencies.

Include in the proposal Appendix copies of Operational Agreements that are signed and dated for the grant award period, for all of the participant agencies involved in the EAAOP, describing their commitment and responsibilities in fulfilling the goal of the program.

## **B. PROJECT BUDGET**

The purpose of the project budget is to demonstrate how the applicant will implement the proposed plan with the funds available through this program. Project costs must be directly related to the objectives and activities of the project. The budget must cover the entire grant period. In the budget, include **only** those items covered by grant funds, including match funds when applicable. Projects may supplement grant funds with funds from other sources. However, since all approved line items are subject to audit, the applicant should not include in the project budget matching funds (if applicable) in excess of the required match. All budgets are subject to OES modifications and approval.

OES requires the applicant to develop a **line item** budget that will enable them to meet the intent and requirements of the program, ensure the successful implementation of the project, and be cost-effective. Failure of the applicant to include required items in the budget does not exclude responsibility to comply with those requirements during the implementation of the project. The applicant should refer to the *2004 Recipient Handbook* at [www.oes.ca.gov](http://www.oes.ca.gov). The applicant can select "Plans and Publications, *2004 Recipient Handbook*" for additional information concerning OES budget policy or to determine if specific proposed expenses are allowable. Contact the person listed on page 1, subsection B of this RFA if you have additional budget questions.

### **1. Budget Narrative**

The applicant is required to submit a narrative with the project budget. The narrative must be typed and placed in the application in front of the budget pages. In the narrative describe:

- How the applicant's proposed budget supports the objectives and activities.
- How funds are allocated to minimize administrative costs and support direct services.
- The duties of project-funded staff, including any qualifications or education level necessary for the job assignment.
- How project-funded staff duties and time commitments support the proposed objectives and activities.
- Proposed staff commitment/percentage of time to other efforts, in addition to this project.
- The necessity for subcontracts and any unusual expenditures.
- Mid-year salary range adjustments.

### **2. Specific Budget Categories**

There is a separate form in the Forms Section (Part III) for each of the following three budget categories:

- Personal Services – Salaries/Employee Benefits;
- Operating Expenses; and
- Equipment.

Each budget category requires line item detail that addresses the method of calculation and justification for the expense. Enter the amount of each line item in the right hand column of the Budget Category form. All charges must be clearly documented **and rounded off to the nearest whole dollar**. Enter the total amount of the budget category at the bottom of the form. If additional pages are needed, total only the last page of each budget category.

The bottom of the Equipment Category form contains a format for identifying the project total and fund distribution. This section must be completed and submitted even if there are no line items identified in the equipment category.

**a. Personal Services – Salaries/Employee Benefits (OES A303a):**

1) Salaries

Personal services include all services performed by staff who are directly employed by the applicant and must be identified by position and percentage of salaries. All other persons are to be shown as consultants in the Operating Expenses Category supported by a memorandum of understanding (MOU), contract, or operational agreement (OA), which must be kept on file by the recipient and made available for review during an OES site visit, monitoring visit, or audit. Furthermore, in the case of grants being passed through a recipient to be operated by another agency, the staff from the second agency will be shown in the Operating Expenses Category. In either case, they may be salaried or hourly, full-time or part-time positions. Sick leave, vacation, holidays, overtime, and shift differentials must be budgeted as salaries. If agency personnel have accrued sick leave or vacation time prior to the approval of grant funding, they may not take that time off using project funds.

2) Benefits

Employee benefits must be identified by type and percentage of salaries. The applicant may use fixed percentages of salaries to calculate benefits. Budgeted benefits cannot exceed those already established by the applicant.

Employer contributions or expenses for social security, employee life and health insurance plans, unemployment insurance, and/or pension plans are allowable budget items. Other benefits, such as uniforms or California Bar Association dues, are allowable budget items if negotiated as a part of an employee benefit package.

A line item is required for each different position/classification, but not for each individual employee. If several people will be employed full-time or part-time in the same position/classification, provide the number of full-time equivalents (e.g., three half-time clerical personnel should be itemized as 1½ clerical positions).

**b. Operating Expenses (OES A303b):**

Operating expenses are defined as necessary expenditures exclusive of personnel salaries, benefits and equipment. Such expenses may include specific items directly charged to the project, and in some cases, an indirect cost allowance. The expenses

must be grant-related (e.g., to further the program objectives as defined in the grant award), and be encumbered during the grant period.

The following items fall within this category: consultant services such as subcontractors who are not employed by the applicant, travel, office supplies, training materials, research forms, equipment maintenance, software equipment rental/lease, telephone, postage, printing, facility rental, vehicle maintenance, answering service fees, and other consumable items. Furniture and office equipment with an acquisition cost of less than \$1,000 per unit (including tax, installation, and freight) **and/or with a useful life of less than one year fall within this category.**

**c. Equipment (OES A303c):**

Equipment is defined as nonexpendable tangible personal property having **a useful life of more than one year** and an acquisition cost of \$1,000 or more per unit (including tax, installation, and freight).

A line item is required for each different type of equipment, but not for each specific piece of equipment (e.g., three laser jet printers must be one line item, not three).

**C. APPLICATION APPENDIX**

The Application Appendix provides OES with additional information from the applicant to support components of the application. The following must be included:

- Operational Agreements: OAs must be dated and contain original signatures, titles, and agency names for both parties. This document must demonstrate a formal system of networking and coordination with other agencies and the applicant. Those submitted with the application must be effective for the proposed grant year. For the purpose of this RFA, the terms OA and MOU are synonymous. A sample OA is provided in the Forms Section of this RFA.
- Project Service Area Information;
- Project Contact Information;
- Project Summary;
- Additional Signature Authorization;

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
LAW ENFORCEMENT AND VICTIM SERVICES DIVISION**

**ELDER ABUSE ADVOCACY AND OUTREACH PROGRAM  
REQUEST FOR APPLICATION**

**PART III – FORMS**

**CHECKLIST AND REQUIRED SEQUENCE**

This checklist is provided to ensure that a complete application is submitted to OES.

- ☐ APPLICATION COVER SHEET
  
- ☐ GRANT AWARD FACE SHEET – Signed by the official authorized to enter into Grant Award Agreement.
  
- ☐ CERTIFICATE OF ASSURANCE OF COMPLIANCE
  
- ☐ PROJECT NARRATIVE
  - Problem Statement
  - Plan and Implementation
  
- ☐ PROJECT BUDGET
  - Budget Narrative
  - Budget Forms – OES A303a, A303b, A303c
  
- ☐ APPLICATION APPENDIX
  - Operational Agreements;
  - Project Service Area Information;
  - Project Contact Information;
  - Project Summary;
  - Additional Signature Authorization;



**LAW ENFORCEMENT AND VICTIM SERVICES DIVISION  
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**APPLICATION COVER SHEET**

**RFA PROCESS**

**ELDER ABUSE ADVOCACY AND OUTREACH PROGRAM**

**Deliver to Victim/Witness Section**

Submitted by:

(Place name, address, and phone number of the applicant here.)

## GRANT AWARD FACE SHEET INSTRUCTIONS

1. **Administrative Agency**  
Enter the complete name of the unit of government applying for funding (e.g., Alameda County, City of Fresno), also referred to as the “recipient.”
2. **Implementing Agency Name**  
Enter the complete name of the agency responsible for the day-to-day operation of the grant (e.g., Sheriff, Police Department), and the contact person’s name, address, and phone number. Include an e-mail address, if you have one.
3. **Project Title**  
Enter the complete title of the project. Do not use acronyms. Do not exceed 60 characters, including spaces and punctuation.
4. **Project Director**  
Enter the requested information of the individual ultimately responsible for the project. This information must be limited to six lines. **NOTE: If you use a P.O. Box address, a street address is also required for UPS and site visit purposes.**
5. **Financial Officer**  
Enter the requested information of the person who will be responsible for all fiscal matters relating to the project. This person must be someone other than the project director. The reimbursement check for this project will be mailed to the address shown for the financial officer. This information must be limited to six lines. **NOTE: If you use a P.O. Box address, a street address is also required for UPS and site visit purposes.**
6. **Award Number**  
Leave blank (to be completed by OES).
7. **Grant Period**  
Enter beginning and ending dates of grant cycle as specified in the RFA, Part I, E.
8. **Federal Amount**  
If applicable, enter the amount of federal funds requested for the project. The amount must be consistent with the proposed budget. If not applicable, enter N/A.
9. **State Amount**  
If applicable, enter the amount of state funds requested for the project. If not applicable, enter N/A.
10. **Cash Match**  
If applicable, enter the amount of cash match. The amount must be consistent with the proposed budget. If not applicable, enter N/A.
11. **In-Kind Match**  
If applicable, enter the amount of in-kind match. The amount must be consistent with the proposed budget. If not applicable, enter N/A.
12. **Total Project Cost**  
Enter the sum of items 8, 9, 10, and 11. The amount must be consistent with the proposed budget.
13. **Official Authorized to Sign for the Applicant/Grant Recipient**  
Enter the signature, name, title, address, telephone number, and e-mail address of the official authorized to enter into the Grant Award Agreement for the city/county or community-based organization, as stated in the language between items 12 and 13 of the Grant Award Face Sheet (OES A301). **Provide an original signature of the authorized official in blue ink.**

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
LAW ENFORCEMENT AND VICTIM SERVICES DIVISION**

**GRANT AWARD FACE SHEET (OES A301)**

The Governor's Office of Emergency Services, hereafter designated OES, hereby makes a grant award of funds to the following

**(1) Administrative Agency**

hereafter designated Recipient, in the amount and for the purpose and duration set forth in this grant award.

**(2) Implementing Agency Name**

**Contact**

**Address**

**E-mail address**

**Telephone**

( )

<b>(3) Project Title</b> (60 characters maximum)	<b>(6) Award No.</b> [FOR OES USE ONLY]
<b>(4) Project Director</b> (Name, Title, Street/P.O. Box Address, Telephone, E-mail – six lines maximum)	<b>(7) Grant Period</b>
	<b>(8) Federal Amount</b>
	<b>(9) State Amount</b>
<b>(5) Financial Officer</b> (Name, Title, Street/P.O. Box Address, Telephone, E-Mail – six lines maximum)	<b>(10) Cash Match</b> IF NO MATCH, TYPE "N/A."
	<b>(11) In-Kind Match</b> IF NO MATCH, TYPE "N/A."
	<b>(12) Total Project Cost</b>

This grant award consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurance of Compliance forms which are being submitted. I hereby certify that: (1) I am vested with authority to, and have the approval of the City/County Financial Officer, City Manager, or Governing Board Chair, enter into this grant award agreement; and (2) all funds received pursuant to this agreement will be spent exclusively on the purposes specified. The grant recipient signifies acceptance of this grant award and agrees to administer the grant project in accordance with the statute(s), the Program Guidelines, the *2004 Recipient Handbook*, and the OES audit requirements, as stated in this RFP or RFA. The grant recipient further agrees to all legal conditions and terms incorporated by reference in this RFP or RFA.

<p style="text-align: center;"><b>[FOR OES USE ONLY]</b></p> <p>Item: _____</p> <p>Chapter: _____</p> <p>PCA No.: _____</p> <p>Components No.: _____</p> <p>Project No.: _____</p> <p>Amount: _____</p> <p>Split Fund: _____</p> <p>Split Encumber: _____</p> <p>Year: _____</p> <p>Fed. Cat. #: _____</p> <p>Match Requirement: _____</p> <p>Fund: _____</p> <p>Program: _____</p> <p>Region: _____</p>	<p><b>(13) Official Authorized to Sign for Applicant/Grant Recipient</b></p> <p>Signature: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Street Address: _____</p> <p>City: _____ Zip: _____</p> <p>P.O. Box: _____</p> <p>City: _____ Zip: _____</p> <p>Telephone: ( ) _____</p> <p>E-mail address: _____</p> <p>Date: _____</p> <hr/> <p style="text-align: center;"><b>[FOR OES USE ONLY]</b></p> <p>I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.</p> <p>_____ OES Fiscal Officer Date</p> <p>_____ OES Director Date</p>
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## **CERTIFICATION OF ASSURANCE OF COMPLIANCE**

The applicant must complete a Certification of Assurance of Compliance (OES 656), which includes details regarding Equal Employment Opportunity Program (EEOP), Drug Free Workplace Compliance, California Environmental Quality Act, Lobbying, Debarment and Suspension requirements, and Proof of Authority from City Council/Governing Board. The applicant is required to submit the necessary assurances and documentation before finalization of the Grant Award Agreement. In signing the Grant Award Face Sheet, the applicant formally notifies OES that the applicant will comply with all pertinent requirements.

Resolutions are no longer required as submission documents. OES has incorporated the resolution into the Certification of Assurance of Compliance, Section VI, entitled, "Proof of Authority from City Council/Governing Board." The Applicant is required to obtain written authorization (original signature) from the City Council/Governing board that the official executing the agreement is, in fact, authorized to do so, and will maintain said written authorization on file and readily available upon demand. This requirement does not apply to state agencies.

## CERTIFICATION OF ASSURANCE OF COMPLIANCE

I, \_\_\_\_\_ hereby certify that  
(official authorized to sign grant award; same person as line 13 on Grant Award Face Sheet)

RECIPIENT: \_\_\_\_\_

IMPLEMENTING AGENCY: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

is responsible for reviewing the *2004 Recipient Handbook*<sup>1</sup> and adhering to all of the Grant Award Agreement requirements (state and/or federal) as directed by OES including, but not limited to, the following areas:

### **I. Equal Employment Opportunity – (*2004 Recipient Handbook, Section 2151*)**

It is the public policy of the State of California to promote equal employment opportunity by prohibiting discrimination or harassment in employment because of race, religious creed, color, national origin, ancestry, disability (mental and physical) including HIV and AIDS, medical condition (cancer and genetic characteristics), marital status, sex, sexual orientation, denial of family medical care leave, denial of pregnancy disability leave, or age (over 40). **OES-funded projects certify that they will comply with all state and federal requirements regarding equal employment opportunity, nondiscrimination and civil rights.**

Please provide the following information:

Affirmative Action Officer: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **II. Drug-Free Workplace Act of 1990 – (*2004 Recipient Handbook, Section 2152*)**

The State of California requires that every person or organization awarded a grant or contract shall certify it will provide a drug free workplace.

### **III. California Environmental Quality Act (CEQA) – (*2004 Recipient Handbook, Section 2153*)**

The State of California requires all OES-funded projects to obtain written certification that the project is not impacting the environment negatively.

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<sup>1</sup>The *2004 Recipient Handbook* can be obtained from [www.oes.ca.gov](http://www.oes.ca.gov) by selecting “Plans and Publications, 2004 Recipient Handbook.”

#### **IV. Lobbying – (2004 Recipient Handbook, Section 2154)**

OES grant funds, grant property, or grant funded positions shall not be used for any lobbying activities, including, but not limited to, being paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.

#### **V. Debarment and Suspension – (2004 Recipient Handbook, Section 2155)** *(This applies to federally funded grants only.)*

OES-funded projects must certify that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department of agency.

#### **VI. Proof of Authority from City Council/Governing Board**

The above-named organization (applicant) accepts responsibility (with an original signature) for and will comply with the requirement to obtain written authorization from the city council/governing board in support of this program. The applicant agrees to provide all matching funds required for said project (including any amendment thereof) under the Program and the funding terms and conditions of OES, and that any cash match will be appropriated as required. It is agreed that any liability arising out of the performance of this Grant Award Agreement, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and OES disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from OES shall not be used to supplant expenditures controlled by the city council/governing board.

The applicant is required to obtain written authorization (with an original signature) from the city council/governing board that the official executing this agreement is, in fact, authorized to do so. The applicant is also required to maintain said written authorization on file and readily available upon demand. This requirement does not apply to state agencies.

All appropriate documentation must be maintained on file by the project and available for OES or public scrutiny upon request. Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the recipient may be ineligible for award of any future grants if the OES determines that any of the following has occurred: (1) the recipient has made false certification, or (2) violates the certification by failing to carry out the requirements as noted above.

### CERTIFICATION

I, the official named below, am the same individual authorized to sign the Grant Award Agreement [line 13 on Grant Award Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

Authorized Official's Signature: \_\_\_\_\_

Authorized Official's Typed Name: \_\_\_\_\_

Authorized Official's Title: \_\_\_\_\_

Date Executed: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Executed in the City/County of: \_\_\_\_\_

### AUTHORIZED BY: (Not Applicable to State Agencies)

- City/County Financial Officer, or
- City Manager, or
- Governing Board Chair

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_

## **PROJECT NARRATIVE**

**GOES HERE**

No standard forms are provided for the Project Narrative.

See Instructions in Part II of this RFA for details.

## **PROJECT BUDGET**

### **BUDGET NARRATIVE**

No standard forms are provided for the Budget Narrative.

See Instructions in Part II of this RFA for details.

BUDGET CATEGORY AND LINE ITEM DETAIL		VOCA	VOCA MATCH		TOTAL
			Cash	In-Kind	
A. Personal Services – Salaries/Employee Benefits					
TOTAL					

[illegible]



[illegible]

## **APPLICATION APPENDIX**

### **GOES HERE**

See Instructions in Part II of this RFA for details.

## SAMPLE OPERATIONAL AGREEMENT

This Operational Agreement stands as evidence that the (applicant agency) and the (agency) intend to work together toward the mutual goal of providing maximum available assistance for crime victims residing in (jurisdiction). Both agencies believe that implementation of the (program) application, as described herein, will further this goal. To this end, each agency agrees to participate in the program, if selected for funding, by coordinating/providing the following services:

The (applicant agency) project will closely coordinate the following services with the (agency) through:

- Project staff being readily available to (agency) for service provision through (describe arrangements with the agency);
- Regularly scheduled meetings (how often) between (persons/positions) to discuss strategies, timetables and implementation of mandated services.

\* Specifically:

\* List specific activities that will be undertaken between the two agencies or other specifics of the agreement.

We, the undersigned, as authorized representatives of (applicant agency) and (agency), do hereby approve this document.

For: \_\_\_\_\_

For: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## PROJECT SERVICE AREA INFORMATION

1. COUNTY OR COUNTIES SERVED: Enter the name(s) of the county or counties served by the project. Put an asterisk where the project's principal office is located.
  
2. U.S. CONGRESSIONAL DISTRICT(S): Enter the number(s) of the U.S. Congressional District(s) which the project serves. Put an asterisk for the district where the project's principal office is located.
  
3. STATE ASSEMBLY DISTRICT(S): Enter the number(s) of the State Assembly District(s) which the project serves. Put an asterisk for the district where the project's principal office is located.
  
4. STATE SENATE DISTRICT(S): Enter the number(s) of the State Senate District(s) that the project serves. Put an asterisk for the district where the project's principal office is located.
  
5. POPULATION OF SERVICE AREA: Enter the total population of the area served by the project.

## PROJECT CONTACT INSTRUCTIONS

1. Provide the name, title, address, telephone number, fax number, and e-mail address for the **person** having **day-to-day responsibility** for the project.
2. Provide the name, title, address, telephone number, fax number, and e-mail address for the **person** to whom the person listed in **#1 is accountable**.
3. Provide the name, title, address, telephone number, fax number, and e-mail address for the **Executive Director** or **Chief Executive Officer** of the implementing agency.
4. Provide the name, title, address, telephone number, fax number, and e-mail address for the **Financial Officer** for the project.
5. Provide the name, title, address, telephone number, fax number, and e-mail address for the **Project Director** for the project.
6. Provide the name, title, address, telephone number, fax number, and e-mail address for the **Chair** of the **Governing Body** of the implementing agency.

## PROJECT CONTACT INFORMATION

Applicant \_\_\_\_\_ Grant Number \_\_\_\_\_  
[FOR OES USE ONLY]

Provide the name, title, address, telephone number, fax number, and e-mail address for the project contact persons named below. **If a section does not apply to your project, enter "N/A."** **NOTE: If you use a P.O. Box address, a street address is also required for UPS and site visit purposes.**

1. The **person** having **day-to-day responsibility** for the project:

Name:	Title:	
Street Address:	City:	Zip:
P.O. Box	City:	Zip:
Telephone Number: ( )	Fax Number: ( )	
E-Mail Address:		

2. The **person** to whom the person listed in **#1 is accountable**:

Name:	Title:	
Street Address:	City:	Zip:
P.O. Box	City:	Zip:
Telephone Number: ( )	Fax Number: ( )	
E-Mail Address:		

3. The **Executive Director** of a Community Based Organization or the **Chief Executive Officer** (e.g., chief of police, superintendent of schools) of the implementing agency:

Name:	Title:	
Street Address:	City:	Zip:
P.O. Box	City:	Zip:
Telephone Number: ( )	Fax Number: ( )	
E-Mail Address:		

4. The **Financial Officer** for the project:

Name:	Title:	
Street Address:	City:	Zip:
P.O. Box	City:	Zip:
Telephone Number: ( )	Fax Number: ( )	
E-Mail Address:		

5. The **Project Director** for the project:

Name:	Title:	
Street Address:	City:	Zip:
P.O. Box	City:	Zip:
Telephone Number: ( )	Fax Number: ( )	
E-Mail Address:		

6. The **Chair** of the **governing body** of the implementing agency: *(Provide address and telephone number other than that of the implementing agency.)*

Name:	Title:	
Street Address:	City:	Zip:
P.O. Box	City:	Zip:
Telephone Number: ( )	Fax Number: ( )	
E-Mail Address:		

## PROJECT SUMMARY INSTRUCTIONS

All of the necessary project information must be placed on the form in the space allowed. **Additional pages may not be added.** This is a summary of the project narrative.

1. **PROJECT YEAR:** If the project is new, check new. If the project is continuing, check the box of the proposed year of the project (i.e., Year 2) or insert the year of operation.
2. **PROJECT TITLE:** Enter the complete title. The title **MUST** describe the focus of the project. Acronyms are not acceptable. Do not exceed 60 characters, including space and punctuation.
3. **GRANT PERIOD:** Enter the beginning and ending dates of funding as specified in the grant application.
4. **APPLICANT:** Enter the name and complete address of the organization that is applying for the grant.
5. **FUNDS REQUESTED:** Enter the amount of grant funds requested. This must be the same amount used on the budget pages and on the application cover sheet.
6. **IMPLEMENTING AGENCY:** Enter the agency or organization designated on the Grant Award Face Sheet as the programmatic recipient of the grant funds who will accomplish the planned objectives and program goals.
7. **PROGRAM DESCRIPTION:** Provide a description of the specific area of service, which OES is authorized to fund, based upon state or federal legislation.
8. **PROBLEM STATEMENT:** Describe the problem the project will address. Support the problem with data such as number of offenses, description of the target area, and local needs.
9. **OBJECTIVES:** Include the quantifiable measurements, which define a course of action in order to accomplish the program goals.
10. **ACTIVITIES:** Describe activities you will perform to accomplish each objective (quantify where possible).
11. **CATEGORY:** Check the appropriate category.
12. **PROGRAM AREA:** Check appropriate program area.
13. **EVALUATION:** Describe how project performance will be measured. Note who will conduct the evaluation (e.g., project staff, government personnel, or outside consultants).
14. **NUMBER OF CLIENTS TO BE SERVED:** Enter the number of clients.
15. **PROJECTED BUDGET:** List all noted budget items. Be specific in breakdown of grant funds and all other budget sources.
16. **RESPONSIBLE OFFICIAL:** The legally responsible official for the organization should sign and date this document. The official's name and title should be typed in the space provided.

PROJECT SUMMARY		
<b>1. PROJECT YEAR</b> <input type="checkbox"/> New <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Other:	<b>2. PROJECT TITLE</b>	<b>3. GRANT PERIOD</b> _____ to _____
<b>4. APPLICANT</b> Name: _____ Phone: (   ) _____ Address: _____ Fax #: (   ) _____ City: _____ Zip: _____		<b>5. FUNDS REQUESTED</b> \$ _____
<b>6. IMPLEMENTING AGENCY</b> Name: _____ Phone: (   ) _____ Fax #: (   ) _____ Address: _____ City: _____ Zip: _____		
<b>7. PROGRAM DESCRIPTION</b>           		
<b>8. PROBLEM STATEMENT</b>           		
<b>9. OBJECTIVES</b>           		



<b>10. ACTIVITIES</b>	<b>11. CATEGORY</b> — — — —																																			
<b>13. EVALUATION</b>	<b>12. PROGRAM AREA</b> — — — —																																			
<b>14. NUMBER OF CLIENTS TO BE SERVED</b>	<b>15. PROJECTED BUDGET</b>																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="width: 30%;"></th> <th style="width: 15%;">Personnel Services</th> <th style="width: 15%;">Operating Expenses</th> <th style="width: 15%;">Equipment</th> <th style="width: 25%;">TOTAL</th> </tr> </thead> <tbody> <tr> <td>Funds Requested .....</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other Grant Funds.....</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other Sources (list in-kind, fees, etc.).....</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Personnel Services	Operating Expenses	Equipment	TOTAL	Funds Requested .....					Other Grant Funds.....					Other Sources (list in-kind, fees, etc.).....					_____					_____					_____				
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_____																																				
_____																																				
_____																																				
<b>16. NAME OF RESPONSIBLE OFFICIAL</b>  Signature: _____ Date: _____ Typed Name: _____ Title: _____																																				

## **ADDITIONAL SIGNATURE AUTHORIZATION INSTRUCTIONS**

The applicant may request signature authority in addition to the designated Project Director and/or Financial Officer by completing an Additional Signature Authority form and submitting it with the Grant Award Forms package. Space is provided for the addition of up to five additional authorizations for the Project Director or Financial Officer.

No single individual may be authorized to sign for both the Project Director and the Financial Officer. **By signing the bottom of this form, the Project Director and/or Financial Officer authorize the person(s) identified on the form to act on their behalf on all grant-related matters.**

## ADDITIONAL SIGNATURE AUTHORIZATION

Grant Award #: \_\_\_\_\_

Applicant: \_\_\_\_\_

Project Title: \_\_\_\_\_

Grant Period: \_\_\_\_\_ to \_\_\_\_\_

The following persons are authorized to sign for:

### Project Director

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

### Financial Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

---

### Approved By:

Project Director: \_\_\_\_\_

\_\_\_\_\_  
Date

Financial Officer: \_\_\_\_\_

\_\_\_\_\_  
Date